

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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Weekly Bulletin



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FEEDING THE CHILD

Appetite may be defined as the desire for food and in order to keep a young child properly nourished the appetite must be developed without the child's knowledge of it. To harp upon the subject and to insist, during the meal, that the child eat only spoils the appetite and creates a dislike for food. Most children have strong wills and after their appetites have been spoiled they can not be forced to eat enough food to maintain their best nutrition. Then, too, food is more easily digested if the appetite is good and emotional upsets decrease the flow of digesting juices.

Some children never seem to be hungry and seldom show signs of having any desire for food whatsoever. This may be due to a sluggish flow of digestive juices which, in turn, causes a slow emptying of the stomach. This condition may have become established by continual coaxing or forcing the child to eat a certain amount of food at each meal time. As a result, after the child takes a few mouthfuls of food he has no desire for more.

As a result of permitting faulty food habits to form or as a result of over-feeding the child's appetite may become capricious. He may develop dislikes for certain foods and may react negatively to all food suggestions. He may learn that by refusing to eat he gets more attention and takes the opportunity at meal time to stage a real dramatic performance before a puzzled family.

Food should be served to a child in moderate amounts and in an attractive manner. A reasonable time should be allowed for consuming the meal—half an hour is long enough—then the food should be removed and the child sent away from the table whether he has finished the meal or not.

Until proper eating habits are established it is best to have the child eat by himself without an interested audience. Let him concentrate on the work at hand until he masters the situation. He will thus be less apt to have his attention attracted to the display of food set before other members of the family and will be better satisfied with whatever may be set before him. The mother should be with him for company but she should not devote her entire attention to the child. He should not feel that her entire attention is focused upon him.

Antagonism toward a particular food is often aroused by insisting that it be eaten the first time it is presented. If he will not eat the food set before him do not force him to eat it and do not talk over the matter with others in his presence. Have him taste the new food and if he does not appear to like it do not insist that he eat it. Do not cause an emotional upset that will always afterward be associated with the sight of the new food. Care must be exercised lest the child's refusal to eat be used as a means on his part to secure special favors and attention. Parents should agree upon how to handle these

situations at the table, if they occur, and express no differences of opinion before him. The dinner table is a good place for a calm, quiet but interesting atmosphere to prevail. It helps digestion in both young and old.

If a child can get sweets or other food whenever he wishes, he can not be expected to follow the standards set up at his regular meals. He may easily develop into a little food tyrant.

These are but a few of the problems related to the development of good food habits in children. Every child is an individual and each one displays attributes that are peculiar to the individual. The wise parent will make a careful study of food habits in the child and will take advantage of every opportunity to develop a regular plan of proper nutrition in the child. Building a body to last throughout a lifetime requires thought and careful planning. The early stages of this work, at least, requires the exercise of established principles and the realization of a keen responsibility upon the part of the parents.

TODDLERS NEED REST AND SLEEP

Sufficient rest and sleep are of great importance in the health of young children. In many families children rise and retire at the same hours that their parents observe. As a result, they suffer long hours of nervous fatigue, become ill-natured and physically tired. Children who are under school age should have fourteen hours of rest every day out of the twenty-four; twelve of these can be taken at night in a bed which should be flat with warm but light weight covers. The bed should be in a quiet room with plenty of fresh air. The matter of quietness is important and difficult in this age of airplanes and motor cars. However, there should be as little noise as possible both inside and outside of the house. The other two hours of rest should be taken as a nap in the middle of the day. It should not be allowed to continue so late in the afternoon as to interfere with the regular bed-time hour early in the evening. These sleeping habits enable the parents to enjoy a quiet evening and they are of great importance in providing health benefits for the child. During the nap hour, at the middle of the day, the mother is also able to perform many household duties.

A child who plays vigorously or one who tires easily may benefit through a rest taken before meals. This assists in promoting an appetite. It should be remembered that no child can be expected to remain happy and in good humor unless he has a sufficient amount of rest and sleep.

Fresh air and sunshine are necessary for everyone and growing children, in particular, need all of the

sunshine and fresh air that they can get. There should be fresh air in living-rooms and sleeping-rooms at all times and young children should play out of doors for two or more hours every day.

Sun-bathing is a valuable aid to growing children because the action of the sun on the skin helps the body to make use of the bone-building materials provided in the diet. But, an excessive amount of exposure to sunshine may really be harmful to the health of the child. Sun tan should always be acquired slowly; the area of skin exposed and the length of the exposure should be small at first and increased slowly day by day, until a thorough tanning of the whole body has been accomplished. After that time the danger of too great exposure is passed and the full benefits of sunshine are received.

It is understood that diet is also of great importance to the child's health and equally important and bearing a close relationship to diet is the general routine of living. The amount of sleep and rest, exercise and play, exposure to the sun and recreation in the open are of the utmost importance but the extent of nervous stimulation must not be overlooked. The degree of nervous stimulation that can be tolerated varies greatly in individual children. Some can do with less sleep and rest. Some can withstand more exercise than others. Play and exercise should never be continued to a point of extreme fatigue. The parent must use careful judgment in the determination of these quantities.

To encourage the daily practice of proper habits it is well to place emphasis upon one or two necessary habits at a time instead of stressing many. Good habits seldom occur of themselves. Training is necessary. In fact, most bad habits would not occur if parents were always deeply interested in having their children form good habits. This refers to habits of body, mind, speech and general behavior. Many parents ignore bad habits in children thinking that they will outgrow them. This is a serious mistake and a bad habit should never be so treated. In correcting a bad habit, it is not enough to simply call attention to it with directions given to improve it. A good habit must be explained and facilities provided for proper habit formation. It is not enough to tell a child to stand straight. He must be taught and also clothing, bed, chairs and play equipment should be constructed and arranged so that he easily acquires the habit of holding his body correctly.

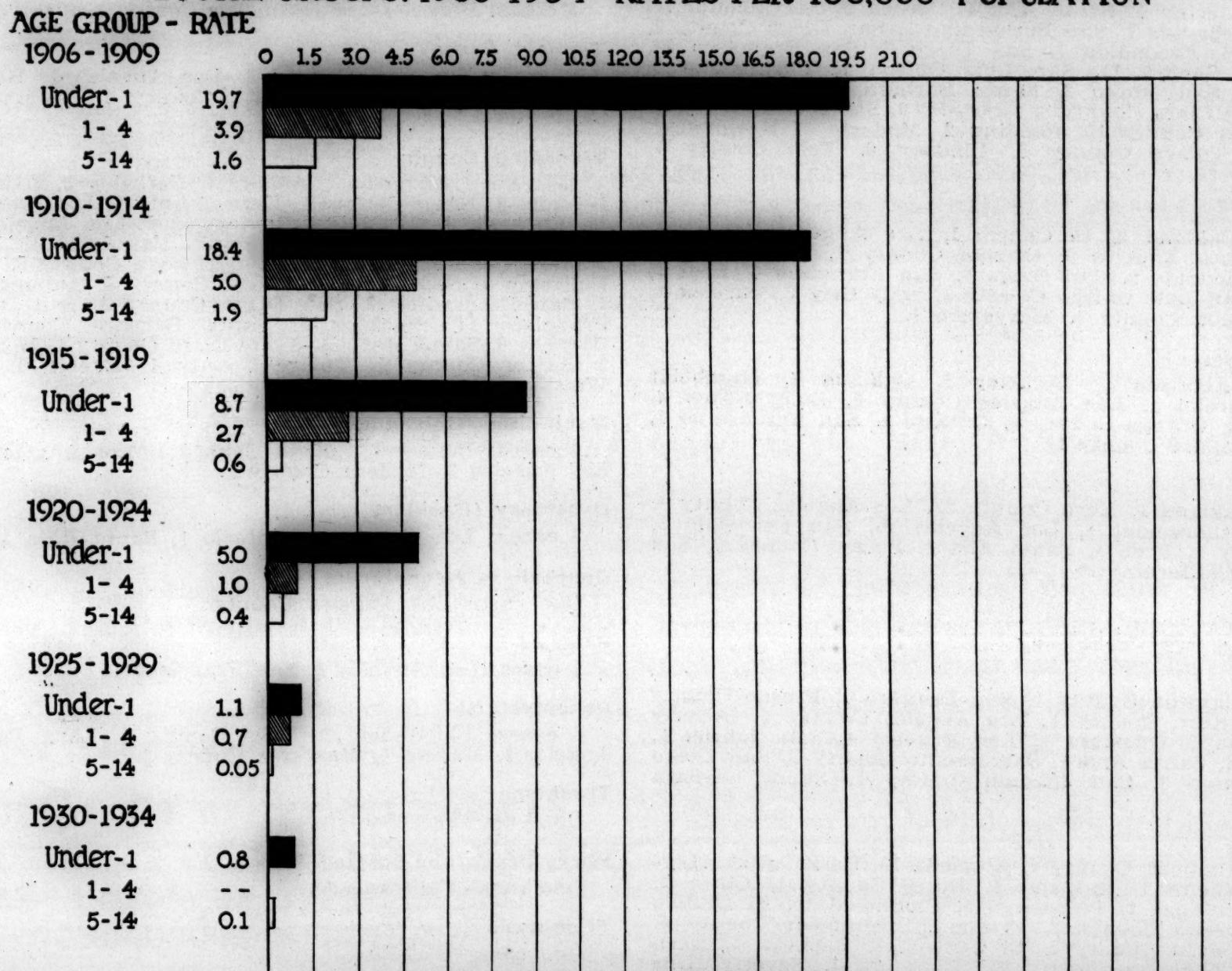
A bad habit that does not show signs of improvement may be the beginning of a serious defect that may prove a great handicap to the child's proper development. It is far better to correct such a habit early than to risk the development of a life-long handicap.

MALARIA DISAPPEARING

As a cause of death in children of California under 15 years of age malaria has become almost non-existent. In some other states and in many foreign countries malaria has not receded and its control constitutes a major factor in the maintenance of public health. The accompanying chart indicates the

rapid decline during the past 30 years, of malaria as a killer of California children. This disease, however, is brought into California, every year, by residents of other states and countries where it is prevalent. A certain amount of control work is essential in order that the imported cases may not provide new foci of infection.

**MORTALITY UNDER 15 YEARS OF AGE FROM MALARIA
BY AGE GROUPS. 1906-1934 RATES PER 100,000 POPULATION**



MALARIA

SYPHILIS IS PREVENTABLE

Syphilis is a disease of civilization and flourishes particularly in communities where there is a massing of individuals. Under such conditions, the opportunities for its spread are very much greater. It depends more upon faulty social conditions than almost any other communicable disease. While prostitution is a tremendous factor in spreading the infection, a very large number of cases are contracted outside of prostitution. It causes more mental and physical suffering than any other known disease. It is preventable and at the present time may be considered as curable. Yet it is doubtful that any other disease can compare with it in the intensity and severity of its onslaughts. Its control is greatly

hampered by the attitude of the general public which too often attaches a social stigma to it. Syphilis should be regarded the same as any other infectious disease. The mere fact that it is often venereal in its origin should not hamper its control. Gradually, however, the old idea that it is punishment for sin has become dispelled. Fortunately, a new trend of public opinion can be observed. This has to do with enlightenment, the spreading of knowledge relative to the cause, effects, prevention and treatment, all of which must be closely bound together in any program for the control of the disease.

Personal hygiene is largely a matter of purposeful and intelligent cleanliness.—Walter Frank Cobb, in *Graded Outlines in Hygiene*.

MORBIDITY

Complete Reports for Following Diseases for Week
Ending December 19, 1936

Chickenpox

491 cases: Alameda County 12, Alameda 2, Berkeley 7, Hayward 6, Livermore 2, Oakland 22, Pleasanton 10, San Leandro 1, Contra Costa County 3, Antioch 1, El Cerrito 1, Pittsburg 2, Fresno 4, Selma 1, Humboldt County 1, Eureka 7, El Centro 4, Kern County 7, Bakersfield 1, Kings County 2, Los Angeles County 49, Burbank 2, Claremont 5, Compton 2, Culver City 1, El Monte 6, Glendale 2, Huntington Park 5, La Verne 1, Long Beach 13, Los Angeles 33, Monrovia 1, Pasadena 22, Pomona 7, San Marino 11, Sierra Madre 1, Whittier 3, Torrance 1, South Gate 4, Maywood 1, Gardena 1, San Rafael 15, Mono County 7, Monterey County 1, Salinas 2, Orange County 3, Fullerton 1, Santa Ana 4, Corona 5, Sacramento 10, Ontario 19, Redlands 1, San Bernardino 1, San Diego County 2, Chula Vista 6, Escondido 1, San Diego 7, San Francisco 38, San Joaquin County 11, San Luis Obispo 1, Burlingame 5, Daly City 3, San Mateo 2, Santa Barbara County 6, Santa Maria 3, Santa Clara County 8, Palo Alto 9, San Jose 4, Watsonville 8, Shasta County 10, Redding 2, Modesto 1, Newman 1, Oakdale 13, Tulare County 5, Lindsay 6, Yolo County 1, Winters 2.

Diphtheria

51 cases: Oakland 3, El Centro 1, Los Angeles County 6, Glendora 1, Los Angeles 9, Orange County 6, Santa Ana 2, Corona 1, Escondido 2, San Diego 6, San Francisco 4, Lodi 1, Stockton 1, San Luis Obispo County 1, Daly City 2, Turlock 1, Ventura 2, Yuba County 1, Marysville 1.

German Measles

22 cases: Alameda 1, Berkeley 1, Oakland 1, Humboldt County 2, Eureka 1, Los Angeles County 2, Long Beach 4, Los Angeles 4, Orange County 2, Ontario 1, San Bernardino 1, Palo Alto 1, Tulare County 1.

Influenza

58 cases: Oakland 1, Kern County 22, Los Angeles County 4, Alhambra 1, Claremont 1, Los Angeles 16, San Fernando 1, Orange County 1, Brea 1, Santa Ana 2, Placer County 5, San Francisco 2, California 1.*

Malaria

2 cases: Los Angeles County.

Measles

28 cases: Alameda County 1, San Leandro 1, Fresno County 1, Eureka 2, Kern County 1, Los Angeles County 1, Beverly Hills 1, Covina 1, Glendora 2, Los Angeles 4, San Gabriel 1, Grass Valley 3, Santa Ana 1, Sacramento County 2, San Diego 1, San Francisco 3, San Joaquin County 1, Santa Barbara County 1.

Mumps

459 cases: Alameda County 4, Alameda 10, Berkeley 12, Hayward 1, Livermore 1, Oakland 3, Butte County 1, Chico 2, Oroville 17, Martinez 1, Pittsburg 19, Richmond 15, El Dorado County 32, Fresno County 2, Fresno 2, Humboldt County 5, Eureka 4, Imperial County 2, El Centro 17, Imperial 3, Kern County 1, Los Angeles County 27, Alhambra 1, Beverly Hills 3, Burbank 1, Compton 1, Glendale 2, Hermosa 5, Huntington Park 2, Long Beach 4, Los Angeles 48, Pasadena 14, San Gabriel 1, San Marino 1, Santa Monica 3, South Pasadena 12, Whittier 1, Hawthorne 3, South Gate 9, Bell 1, Gardena 1, Madera County 1, Merced County 5, Monterey County 4, Orange County 8, Brea 8, Santa Ana 22, Tustin 2, Placer County 3, Sacramento 7, Ontario 1, San Bernardino 2, Upland 2, San Diego County 3, Coronado 4, La Mesa 1, National City 8, San Diego 29, San Francisco 24, Stockton 2, San Luis Obispo County 1, Burlingame 4, Daly City 2, Lompoc 4, Santa Barbara 1, San Jose 7, Healdsburg 1, Stanislaus County 1, Ventura County 2, Davis 4, Marysville 2.

Pneumonia (Lobar)

73 cases: Alameda 1, Oakland 4, Butte County 2, Chico 1, Martinez 1, Richmond 2, Sanger 1, Eureka 2, Kern County 1, Bakersfield 2, Los Angeles County 1, Glendale 2, Los Angeles 24, Montebello 1, Pasadena 3, Redondo 1, San Fernando 1, Monterey County 1, Tustin 1, Corona 1, Sacramento County 1, Sacramento 2, San Bernardino County 1, San Bernardino 1, San Diego County 1, San Francisco 7, Stockton 1, San Luis Obispo 1, Dixon 1, Tulare County 4.

Scarlet Fever

332 cases: Alameda County 2, Albany 2, Berkeley 4, Hayward 2, Oakland 4, San Leandro 1, Butte County 5, Chico 7, Contra Costa County 2, Antioch 3, El Cerrito 1, Pinole 1, Richmond 2, Walnut Creek 1, Fresno County 2, Fresno 4, Selma 1, Humboldt

County 4, Eureka 2, Kern County 9, Los Angeles County 23, Alhambra 1, Compton 1, Covina 1, Glendale 3, Long Beach 5, Los Angeles 30, Pasadena 3, San Fernando 1, Santa Monica 2, Hawthorne 1, Maywood 1, Bell 1, Gardena 1, Madera County 3, Marin County 2, Mill Valley 1, Yosemite 1, Ukiah 3, Merced County 4, Merced 3, Salinas 2, Napa County 10, Calistoga 2, Napa 14, Orange County 1, Anaheim 1, Brea 2, Fullerton 1, Santa Ana 3, Placentia 1, Placer County 13, Auburn 14, Plumas County 1, Sacramento County 4, Sacramento 26, North Sacramento 2, National City 3, San Francisco 17, San Joaquin County 6, Stockton 5, San Luis Obispo County 1, Paso Robles 1, San Mateo County 1, Burlingame 1, Daly City 3, Hillsborough 1, Lompoc 3, Santa Clara County 2, Palo Alto 2, San Jose 3, Santa Clara 1, Shasta County 5, Redding 3, Solano County 1, Benicia 2, Vallejo 7, Healdsburg 1, Sutter County 2, Tulare County 4, Lindsay 1, Tuolumne County 1, Ventura 5, Yolo County 1, Marysville 2.

Smallpox

3 cases: Berkeley 1, Sacramento County 1, Siskiyou County 1.

Typhoid Fever

9 cases: Imperial County 3, Los Angeles 1, Hawthorne 1, Madera County 1, Sacramento County 1, Tulare County 1, California 1.*

Whooping Cough

239 cases: Alameda 3, Albany 4, Berkeley 2, Oakland 2, San Leandro 1, Butte County 1, Kern County 1, Los Angeles County 38, Burbank 2, Glendale 3, Inglewood 6, Los Angeles 49, Pasadena 2, Santa Monica 10, South Pasadena 1, Whittier 5, Madera County 3, Mill Valley 1, Orange County 5, Anaheim 5, Fullerton 1, Santa Ana 1, Placer County 3, Auburn 22, Corona 7, San Bernardino 2, San Diego County 8, San Diego 9, San Francisco 14, Stockton 5, Santa Barbara County 2, Santa Barbara 6, Santa Maria 1, Santa Clara County 1, Mountain View 2, Sutter County 1, Tulare County 1, Exeter 5, Lindsay 1, Woodland 3.

Meningitis (Epidemic)

9 cases: Berkeley 1, Kern County 1, Los Angeles County 3, Los Angeles 3, Madera County 1.

Dysentery (Bacillary)

3 cases: Los Angeles 1, Ontario 1, Santa Rosa 1.

Ophthalmia Neonatorum

One case: Los Angeles County.

Pellagra

3 cases: Los Angeles 2, San Francisco 1.

Poliomyelitis

6 cases: Bakersfield 1, Lake County 1, Long Beach 1, Los Angeles 1, Madera 1, Monterey County 1.

Trachoma

One case: San Francisco.

Rocky Mountain Spotted Fever

One case: California.*

Trichinosis

One case: Berkeley.

Typhus Fever

One case: San Diego.

Food Poisoning

3 cases: Mendocino County.

Undulant Fever

4 cases: Los Angeles County 1, Los Angeles 1, San Francisco 1, Siskiyou County 1.

Tularemia

One case: San Diego.

Septic Sore Throat (Epidemic)

2 cases: Bakersfield 1, Napa 1.

Rabies (Animal)

19 cases: Los Angeles County 4, Glendale 3, Long Beach 2, Los Angeles 7, Corona 1, Redlands 1, San Bernardino 1.

* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not chargeable to any one locality.

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